PTO/SB/29 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS			
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	<u>5</u> - 20* =	0	x \$ 18.00 =	\$0.00			
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (i))	<u>5</u> - 3** =	2	x \$84.00 =	\$160.00			
	MULTIPLE DEPENDENT	CLAIMS (if applicable) (3	7 CFR1.16(d)) [0]	x \$280.00 =	\$0.00			
				BASIC FEE (37 CFR 1.16)	\$740.00			
		\$900.00						
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					\$0.00			
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent. TOTAL =								
	Small entity status: Applica							
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No.04 - 1928: a. Fees required under 37 CFR1.16. b. Fees required under 37 CFR1.17. c. Fees required under 37 CFR1.18. 8. A check in the amount of \$ is enclosed.								
;	a. 🔀 Fees required unde	r 37 CFR1.16.			SEP 2 7 2			
ı	b. Fees required under 37 CFR1.17.							
,	c. Fees required under 37 CFR1.18.							
8. 🔲 .	A check in the amount of \$ is enclosed.							
9. Payment by credit card. Form PTO-2038 is attached.								
10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period ofmonths (not to exceed 3 months) and the fee under 37 CFR 1.17(I) is enclosed.								
11. New Attorney Docket Number, if desired								
[Prior application Attorney Docket Number will carryover to this CPA <u>unless</u> a new Attorney Docket Number has been provided herein.]								
12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)								
b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)								
13. 🛚	Other: Petition for 3 mont	h extension of time, F	ee Sheet, Postcard					
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.								
		14. NEW CORR	ESPONDENCE ADI	DRESS				
Customer Number or Bar Code Label		*23906* 23906		or New o	correspondence address below			
		PATENT TRADEMARK OFFICE						
Vame								
Name Address								
		State		Zip Code				

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Name (Print /Type)	Lynne M. Christenbury			
Signature	Lynne m. Christenlury			
Registration No. (Attorney/Agent)	30,971			
Date	Sept. 23, 2002			



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Remarks:

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